

**The North Carolina State Bar
Board of Paralegal Certification
Interpreter Reimbursement Program
Request for Reimbursement**

Attorney Name: _____

Law Firm/Employer: _____

Mailing address:

Telephone number: _____

E-Mail address: _____

Reimbursement Information

Please note that the maximum amount of reimbursement available per client is \$300.

Client's Name: _____

Client's Disability: _____

Describe Interpreter Services provided:

Date(s) provided: _____

Interpreter's Name and License Number: _____

Total Cost of Interpreter Services: _____

Please attach a copy of the invoice for interpreter services provided to the client.

Please allow 4-6 weeks for reimbursement.

RETURN TO: Director, The North Carolina State Bar Board of Paralegal Certification,
PO Box 25908, Raleigh, NC 27611